

SCHOOL DISTRICT #11  
EMERGENCY INFORMATION CARD

PLAYER'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S OR  
GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

EMERGENCY NUMBER IF NOT AT HOME OR WORK: \_\_\_\_\_

CHRONIC AILMENTS: \_\_\_\_\_

(OVER: Please sign emergency treatment statement.)

Form no. 88546  
100/Pkg.

CONSENT FOR EMERGENCY TREATMENT FOR  
INTERSCHOLASTIC ACTIVITY INJURIES

I, \_\_\_\_\_, parent or guardian of  
\_\_\_\_\_ in consideration of my  
\_\_\_\_\_ opportunity to participate in  
interscholastic activities, hereby consent to emergency medical  
treatment, hospitalization or other medical treatment as may be  
necessary for the welfare of the above named child, by a physician,  
qualified nurse, and/or hospital, in the event of injury or illness during all  
periods of time in which the student is away from his/her legal residence  
as a member of an interscholastic activity team or group, and hereby  
waive on behalf of myself and the above named child any liability of the  
School District, any of its agents or employees, arising out of such  
medical treatment.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE OF PARENT OR  
GUARDIAN